

**Employee's Affidavit of Training and Knowledge – Credit Insurance Agent**

LIC.CI 50 (Rev 05/2001)

**Producer Licensing Bureau**

P.O. Box 1139

Sacramento, CA 95812-1139

Information (800) 967-9331 Or (916) 322-3555

www.insurance.ca.gov

**Credit Insurance Agent**  
**Employee's Affidavit of Training and Knowledge**  
Pursuant to CIC Section 1758.92(a)(2)

1. Name of Employee: \_\_\_\_\_
2. Name of Employer: \_\_\_\_\_
3. Employer's California License Number: \_\_\_\_\_
4. The employee has read the credit insurance training material submitted to the commissioner by the employer.  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. The employee has received from the employer training in, and is knowledgeable about, the credit insurance products to be sold, ethics, and market practices.  
Yes \_\_\_\_\_ No \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California, that I have carefully examined each of the questions asked in this EMPLOYEE'S AFFIDAVIT OF TRAINING AND KNOWLEDGE, and that each of my responses is true and correct.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

at (City) \_\_\_\_\_, (State) \_\_\_\_\_.

\_\_\_\_\_  
Signature of employee